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<!DOCTYPE html>
<html lang="en">
  <head>
   <title>
    Patient Register
   </title>
  </head>
  <body>
    <div class="top-content">
       <div class="inner-bg">
         <div class="container">
            <div class="row">
              <div class="col-sm-5">
                 <div class="form-box">
                   <div class="form-top">
                      <div class="form-top-left">
                        <h3>Sign up now</h3>
                        Fill in the form below to get instant access:
                      </div>
                      <div class="form-top-right">
                        <i class="fa fa-pencil"></i>
                      </div>
                   </div>
                   <div class="form-bottom">
                      <form role="form">
                        <div class="form-group">
                           <label class="sr-only" for="form-first-name">Name</label>
                         </br><input type="text" name="fullname" placeholder="Full name..."
class="form-first-name form-control" id="form-first-name">
                        </div>
                        <div class="form-group">
                           <label class="sr-only" for="form-email">Email</label>
                           </br><input type="email" name="email" placeholder="Email..."
class="form-email form-control" id="form-email">
                        </div>
                        <div class="form-group">
                           <label class="sr-only" for="form-password">Password</label>
                           </br><input type="password" name="password"
placeholder="Password..." class="form-password form-control" id="form-password">
                        </div>
                        <div class="form-group">
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</br><label class="sr-only"
for="form-first-name">Gender</label></br>
                         <!-- <input type="text" name="gender" placeholder="Gender(M/F)..."
class="form-first-name form-control" id="form-first-name"> -->
                           <select name="gender" style='width:100px'>
                            <!--<option selected="selected" class="s">Enter city</option>-->
                            <option value="Male">Male</option>
                            <option value="Female">Female</option>
                           </select>
                        </div>
                        <div class="form-group">
                           <label class="sr-only" for="form-first-name">Blood
Group</label></br>
                         <!-- <input type="text" name="blood_group" placeholder="Blood
Group..." class="form-first-name form-control" id="form-first-name"> -->
                           <select name="blood group" style='width:100px'>
                            <!--<option selected="selected" class="s">Enter city</option>-->
                            <option value="A+">A+</option>
                            <option value="A-">A-</option>
                            <option value="B+">B+</option>
                            <option value="B-">B-</option>
                            <option value="AB+">AB+</option>
                            <option value="AB-">AB-</option>
                            <option value="O+">O+</option>
                            <option value="O-">O-</option>
                           </select>
                        </div>
                        </br>
                        <div class="form-group">
                           <label class="sr-only" for="form-first-name">D.O.B.</label></br>
                           <input type="date" name="dob" placeholder="D.O.B."
class="form-first-name form-control" id="form-first-name">
                        </div>
                        <div class="form-group">
                           </br><label class="sr-only" for="form-first-name">Phone
Number</label></br>
                           <input type="text" name="phoneno" placeholder="PhoneNo..."
class="form-first-name form-control" id="form-first-name">
                        </div>
                        <div class="form-group">
                           <label class="sr-only" for="form-first-name">Address</label></br>
                           <input type="text" name="address" placeholder="Address..."</pre>
class="form-first-name form-control" id="form-first-name">
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</div>
</div
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